

BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section

12 December 2011
CL #1050643

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Susan Clark # 320
Investigations Division
Administrative Section

FROM: Sergeant Majed ASSAF #1778
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident (ANIMAL)**

RESULTS: **BAC .000**

REFERENCE: **LOG #1050643**
WD #118214

INCIDENT LOCATION: [REDACTED]

DATE & TIME: 12 December 2011 @ 1203 hours

OCIC, W/C: Lt. KERO #506

INVOLVED MEMBER(s): Police Officer David Fonda
Star #19319
Employee # [REDACTED]
Unit of Assignment: 025th District
C/S: 17 MAR 1997
DOB: [REDACTED]

**BUREAU OF INTERNAL AFFAIRS
Investigations Division
General Investigations Section**

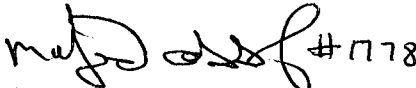
**12 December 2011
CL #1050643**

NARRATIVE:


R/Sgt received notification from CPIC Police Officer STRICKLAND at 1212 hours on 12 DEC 2011 regarding a Firearm Discharge Incident in the 025th District.

R/Sgt arrived and began the 20 min observation period of Police Officer David FONDA at 1318 hours. P/O FONDA was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test was conducted at 1341 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt also collected the urine specimen(s) of P/O FONDA at 1405 hours.

 #1778
Sergeant Majed Assaf #1778
Investigations Division
General Investigations Section

APPROVED:

 #320
Lt. Susan Clark # 320
Investigations Division
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Fonda, David Title P/O
Star No. 19319 Employee No. [REDACTED] Unit 025

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
David Fonda	<i>[Signature]</i>	12 DEC 11 1315

Type of Test: Alcohol	Location: 5555 W. Grand Ave (025)	Date and Time: 12 Dec 11 1341
Type of Test: Drug	Location: 5555 W. Grand Ave (025)	Date and Time: 12 Dec 11 1405

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
M. Assaf 1778	<i>[Signature]</i>	12 Dec 11

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. Assaf #1778

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 12 day of December, 2014 at 1405, I, David Fonda,
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup, I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
<u>WD118214A</u>	<u>WD118214B</u>

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 21452357

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number WD118214 A+B was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 12DEC11, at 1615,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____

was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)

and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Impaired Driving

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X
Signature of Collector
(Print) Collector's Name (First, MI, Last)

Time of Collection 2:05 PM
Date (Mo./Day/Yr.) 12/12/14

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: **X**

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. M. ASSAF # 1778. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐ _____

The packaging was then opened by PO C. Conry in the presence
of Sgt. M. ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐ _____

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer

by PO C. Conry, as witnessed by Sgt. ASSAF

Specimen delivered by:

[Signature] # 1778
Signature

Received/stored by:

[Signature] # 7094
Signature

Last Name: Fonda
First Name: David
Rank: P/O
Star #: 19319
Unit: 025
Home Zip Code: —
Date Hired: 17 MAR 97
Birthdate: [REDACTED]

12 DEC 11



TS copy

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. M. Assaf #1778

☐ Employer Representative

Signature of Employer Representative

PART I - A. On the 12 day of December, 2014 at 1405, I, David Fonda,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup, I urinated into this
same cup, then I delivered this cup containing my urine specimen to Majed Assaf,
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number 21452357

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 12 DEC 11, at 1615,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 12 day of DEC 2011, I PO C. Conry # 7094
received a collected urine specimen from Sgt. M. ASSAF # 1778. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by PO C. Conry in the presence
of Sgt. M. ASSAF. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # WD118214A within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # WD118214B.

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by PO C. Conry, as witnessed by Sgt. ASSAF.

Specimen delivered by:

Signature

1778

Received/stored by:

Signature

7094



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Fonda, David Title P10
Star No. 19319 Employee No. [REDACTED] Unit 025

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>David Fonda</u>	Involved Member's Signature <u>[Signature]</u>	Date and Time <u>12 DEC 11 1315</u>
Type of Test: <u>Alcohol</u>	Location: <u>5555 W. Grand Ave (025)</u>	Date and Time: <u>12 Dec 11 1341</u>
Type of Test: <u>Drug</u>	Location: <u>5555 W. Grand Ave (025)</u>	Date and Time: <u>12 Dec 11 1405</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>M. Assaf 1778</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>12 Dec 11</u>
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CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXXX
CHICAGO POLICE DEPT
RANDOM DRUG UNIT #1087SW
3510 S MICHIGAN AVE
CHICAGO, IL 60653

LABORATORY REPORT



Quest
Diagnostics

PARTICIPANT NAME WD1182140		PARTICIPANT ID	ROOM NO.	AGE	SEX	PHYSICIAN
PAGE REQUISITION NO. 1	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME 12122011 02:05PM	LOG-IN-DATE 12132011	FAX DATE 12132011	& TIME 03:00PM

REMARKS: Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE
DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:		35190N (SAP 10-50/2000 W/NIT)					
Integrity Checks		Acceptable Range					
CREATININE		128.8 mg/dL				>= 20 mg/dL	
pH		4.7				4.5-8.9	
OXIDIZING ADULTERANTS		Negative					
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES		Negative			1000 ng/mL	500 ng/mL	
BARBITURATES		Negative			300 ng/mL	200 ng/mL	
BENZODIAZEPINES		Negative			300 ng/mL	200 ng/mL	
COCAINE METABOLITES		Negative			300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES		Negative			50 ng/mL	15 ng/mL	
METHADONE		Negative			300 ng/mL	200 ng/mL	
METHAQUALONE		Negative			300 ng/mL	200 ng/mL	
OPIATES		Negative			2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE		Negative			25 ng/mL	25 ng/mL	
PROPOXYPHENE		Negative			300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST:		KSMP01					
SPECIMEN RECEIVED AND PROCESSED		IN THE LENEXA DHHS CERTIFIED LABORATORY.					
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
		>> END OF REPORT <<					

TEST RECORD
RBT IV

RBT IV# 022783
DATE 12-12-11
TEST NO. 0085
ID#

8743
AS IV# 098835
TEMPERATURE 20 C

SUBJECT TEST
%BAC TIME

.000 BLANK
.000 AUTO 13:41

Emp# SUBJECT Log#
8743/1050143
OPERATOR
Assaf #1778
WITNESS

TEST LOCATION
025th